

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6149</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Dan</u> <u>M</u> <u>Groya</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>5757 Wilshire Blvd</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>	4. Name, file number, and address of labor organization. Name <u>Screen Actors Guild</u> Labor Organization File Number <u>000-113</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>5757 Wilshire Blvd</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>
5. Position in labor organization. <u>National Director - Compliance</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Independent Film & Television Alliance</u> Trade Name, if any: <u>IFTA</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>10850 Wilshire Blvd</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90024</u>	7.a. Nature of Interest, Transaction, or Income. <u>Wedding gift received from: Jean Prewitt - Chief Executive Officer (IFTA) and Melissa Patack - Vice President & General Manager (MPAA California Group)</u> 7.b. Amount. <u>\$70</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On 8/9/2005

Date

323-549-6036

Telephone Number

Name of Person Filing Dan Groya	File Number U-
---------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="SAG-Producers IACF"/></p> <p>Trade Name, if any: <input type="text" value="IACF"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="PO Box 7830"/></p> <p>Street <input type="text" value="3601 West Olive Avenue"/></p> <p>City <input type="text" value="Burbank"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="91510"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p>The IACF awards grants to qualifying organizations in the broad areas set forth by the IACF Trustee Agreement. The dollar value is not reasonably ascertainable.</p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement of expenses for travel, lodging & per diem related to business meetings for Joint SAG-Industry Commercials Monitoring Project</p> <p>12.b. Amount. <input type="text" value="\$5,658"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing Dan Groya

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Motion Picture Association of America

Trade Name, if any: MPAA

P.O. Box, Bldg., Room No., if any

Street 15503 Ventura Blvd

City Encino

State California

ZIP Code + 4 91436

7.a. Nature of Interest, Transaction, or Income.

Wedding gift received from: Melissa Patack - Vice-President & General Manager (MPAA California Group) and Jean Prewitt - Chief Executive Officer (IFTA)

7.b. Amount.

\$70

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Paramount Pictures

Trade Name, if any: Paramount

P.O. Box, Bldg., Room No., if any

Street 5555 Melrose Avenue, Valentino 410

City Hollywood

State California

ZIP Code + 4 90038

7.a. Nature of Interest, Transaction, or Income.

Wedding gift received from: Chris Essel - Senior Vice President, Government & Community Affairs (Paramount)

7.b. Amount.

\$100

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Sony Pictures Entertainment

Trade Name, if any: Sony

P.O. Box, Bldg., Room No., if any

Street 10202 West Washington Blvd

City Culver City

State California

ZIP Code + 4 90232

7.a. Nature of Interest, Transaction, or Income.

Wedding gift received from: Hope Boonshaft - Executive Vice President, Global Public Policy (Sony)

7.b. Amount.

\$200